

Appendix B

2003 Thermal Spraying Materials Survey

and

2004 Thermal Spraying Facility Survey

2003 Thermal Spraying Materials Survey

A.Survey for Sales of Thermal Spray Materials in California

PLEASE PROVIDE REQUESTED DATA BY OCTOBER 22, 2003:

**CALIFORNIA AIR RESOURCES BOARD
STATIONARY SOURCE DIVISION
MEASURES ASSESSMENT BRANCH
P.O. BOX 2815
SACRAMENTO, CA 95812**

**?QUESTIONS ?
CONTACT: MONIQUE DAVIS
(916) 324-8182
E-MAIL: mdavis@arb.ca.gov
FAX: (916) 324-8026**

FORM I: GENERAL INFORMATION

Step 1: Please provide general company contact information.

Company Name: _____

Company Address: _____

Point of Contact: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Step 2: Did you sell thermal spraying materials in California during 2002? YES NO
If "NO", please stop here and FAX this page to (916) 324-8026, Attn: Monique Davis.

Step 3: If you require the data submitted for this survey to be kept confidential, please complete the enclosed "Confidentiality Form". Clearly label all data submitted as confidential.

Step 4: Please provide an estimated breakdown, by category, for your annual thermal spraying materials sales in California (calendar year 2002).

_____ % Aerospace	_____ % Agriculture	_____ % Automotive
_____ % Computers	_____ % Electronics	_____ % Marine
_____ % Medical	_____ % Metal Working	_____ % Military Working
_____ % Offshore Applications	_____ % Paper/Printing	_____ % Petrochemicals
_____ % Pumps/Motors	_____ % Railroad	_____ % Refineries
_____ % Utilities	_____ % Other _____	

Legal authority and confidentiality. This request for information is made pursuant to sections 39607, 39701, and 41511 of the California Health and Safety Code, and Title 17, California Code of Regulations, section 91100. These sections authorize the ARB to require the submission of information needed to estimate atmospheric emissions and to carry out its other statutory responsibilities. All survey data will be protected as confidential information, in accordance with Title 17, California Code of Regulations, sections 91000 to 91022 and the California Public Records Act (Government Code section 6250 et seq.).

B. Survey for Sales of Thermal Spray Materials in California

FORM II: PRODUCT SALES DATA

Step 5: Please report 2002 annual sales for all thermal spraying materials sold in California. Only include those products that contain at least **0.1%** (by weight) of the targeted compounds in the attached list (e.g., chromium, nickel, cobalt, copper). Make additional copies of this page, as needed, to submit data for additional products.

Product Name: _____

Product Code: _____

Annual Sales In California: (by weight) CY 2002 Lbs Tons Kgs

Chemical Constituents: (Name, wt%)	Chemical Name	Weight Percentage (%)

SOLD TO:		<p>REGION LOCATOR KEY</p> <p>To better identify the number of facilities within California, we have divided the State into three regions and provided a Region Locator Key that lists all the prefixes for zip codes in the state.</p> <p>ZIP codes:</p> <p>Region One – 936xx, 942xx, 945xx, 949xx, 954xx - 961xx</p> <p>Region Two – 930xx - 932xx, 934xx - 935xx - 938xx, 940xx - 941xx, 943xx - 949xx, 950xx - 954xx, 956xx, 957xx</p> <p>Region Three – 900xx - 908xx, 910xx - 924xx, 926xx - 928xx, 930xx, 932xx - 935xx, 938xx, 950xx</p>
<p>Step 6: Please describe the customers for this product, by industry category. Check all that apply.</p>		
<input type="checkbox"/> Aerospace <input type="checkbox"/> Agriculture <input type="checkbox"/> Automotive <input type="checkbox"/> Computers <input type="checkbox"/> Electronics <input type="checkbox"/> Marine <input type="checkbox"/> Medical <input type="checkbox"/> Metal Working <input type="checkbox"/> Military	<input type="checkbox"/> Offshore Applications <input type="checkbox"/> Paper/Printing <input type="checkbox"/> Petrochemicals <input type="checkbox"/> Pumps/Motors <input type="checkbox"/> Railroad <input type="checkbox"/> Refineries <input type="checkbox"/> Utilities Other: _____	
<p>Step 7: Please identify the thermal spraying processes for this product. Check all that apply.</p>		
<input type="checkbox"/> Powder <input type="checkbox"/> High Velocity Oxy-Fuel (HVOF) <input type="checkbox"/> Flame Spray <input type="checkbox"/> Plasma Spray <input type="checkbox"/> Detonation Gun	<input type="checkbox"/> Wire/Rod <input type="checkbox"/> Twin-Wire Electric Arc <input type="checkbox"/> Single-Wire Flame Other: _____	
<p>Step 8: Please estimate the number of customers in each region.</p>		
Region 1 : _____	Region 2 : _____	Region 3 : _____

Make additional copies of this page as needed.

C. Survey for Sales of Thermal Spray Materials in California

Ingredients of Interest

On Form II, please report 2002 sales of products that contain at least **0.1%** (by weight) of the targeted compounds in the following list:

Chemical Name	CAS Number
Antimony and Compounds	7440-36-0
Arsenic and Compounds	7440-38-2
Asbestos	1332-21-4
Beryllium and Compounds	7440-41-7
Bromine and Compounds	7726-95-6
Cadmium and Compounds	7440-43-9
Chromium and Compounds	7440-47-3
Chromium 6+ (hexavalent) and Compounds	18540-29-9
Chromium 3+ (trivalent) and Compounds	16065-83-1
Copper and Compounds	7440-50-8
Cyanide Compounds (Inorganic)	57-12-5
Fluoride Compounds (Inorganic)	16984-48-8
Lead and Compounds	7439-92-1
Manganese and Compounds	7439-96-5
Mercury and Compounds	7439-97-6
Nickel	7440-02-0
Phosphorus (white)	7723-14-0
Sodium Hydroxide	1310-73-2
Vanadium and Compounds	7440-62-2

This table is based on the data compiled by the Office of Environmental Health Hazard Assessment (OEHHA) in the "Consolidated Table of OEHHA/ARB Approved Risk Assessment Health Values".

2004 Thermal Spraying Facility Survey



THERMAL SPRAYING FACILITY SURVEY

I. GENERAL FACILITY INFORMATION

NAME OF FACILITY: _____

IS YOUR FACILITY A WHOLLY OWNED SUBSIDIARY OF ANOTHER COMPANY : YES NO

If "Yes", please provide parent company name: _____

CONTACT PERSON: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

II. EQUIPMENT INFORMATION	
Type Of Thermal Spraying:	<input type="checkbox"/> Flame Spraying <input type="checkbox"/> Electric Arc Spraying <input type="checkbox"/> Plasma Arc Spraying <input type="checkbox"/> High-Velocity Oxy-Fuel (HVOF) <input type="checkbox"/> Detonation Gun <input type="checkbox"/> Other (Describe) _____
Is Thermal Spraying Conducted In A Booth? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Please Describe Booths And Control Devices:	
BOOTH #1:	
Type of Booth: <input type="checkbox"/> Complete Enclosure <input type="checkbox"/> Partial Enclosure Ventilation System? <input type="checkbox"/> YES <input type="checkbox"/> NO	Control Device: <input type="checkbox"/> Dry Filter Cartridge <input type="checkbox"/> HEPA Filter <input type="checkbox"/> Water Curtain <input type="checkbox"/> Wet Scrubber <input type="checkbox"/> Other (Describe) _____ Changeout Frequency _____
BOOTH #2:	
Type of Booth: <input type="checkbox"/> Complete Enclosure <input type="checkbox"/> Partial Enclosure Ventilation System? <input type="checkbox"/> YES <input type="checkbox"/> NO	Control Device: <input type="checkbox"/> Dry Filter Cartridge <input type="checkbox"/> HEPA Filter <input type="checkbox"/> Water Curtain <input type="checkbox"/> Wet Scrubber <input type="checkbox"/> Other (Describe) _____ Changeout Frequency _____
If NO, Do You Use Portable Thermal Spraying Equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO	



Complete Enclosure



Partial Enclosure

**THERMAL SPRAYING FACILITY SURVEY**

(cont'd)

III. MATERIALS INFORMATIONType Of Materials Used: Powder Wire Other (Describe) _____Metals Used: Chromium Nickel Cobalt Manganese
 Other (Describe) _____Estimated Quantities Used Annually: _____ Lbs/yr Tons/yr Kgs/yr**IV. FACILITY OPERATING INFORMATION**

Days of Operation: _____ Operating Hours: ____ a.m. to ____ p.m.

Hours Per Day Doing Thermal Spraying Less Than 1 Hour 1 – 4 Hours Greater Than 4 Hours

Total Number Of Employees: _____

Number Of Employees Doing Thermal Spraying: _____

Gross Annual Revenue For Facility: Less Than \$100,000 \$100,000 to \$500,000 \$500,000 to \$1,000,000 Greater Than \$1,000,000

Percentage Of Revenue From Thermal Spray Operations: _____%

 Please check this box if you wish the survey data to be confidential* .**THANK YOU!**

Please return completed survey by February 9, 2004, to:

FAX: 916-324-8026, Attention – Monique Davis

OR

MAIL:Air Resources Board
Stationary Source Division, MAB
Attn: Monique Davis
P.O. Box 2815
Sacramento, CA 95812Questions? Contact Monique Davis at 916-324-8182 or e-mail mdavis@arb.ca.gov

* In accordance with title 17, California Code of Regulations (CCR), sections 91000 to 91022, and the California Public Records Act (Government Code section 6250 et seq.), the information that a company provides to the Air Resources Board (ARB) may be released: (1) to the public upon request, except trade secrets which are not emissions data or other information which is exempt from disclosure or the disclosure of which is prohibited by law; (2) to the United States Environmental Protection Agency (U.S EPA), which protects trade secrets as provided in section 114(c) of the Clean Air Act and amendments thereto (42 USC 7401 et seq.) and in federal regulation; and (3) to other public agencies provided that those agencies preserve the protections afforded information which is identified as a trade secret, or otherwise exempt from disclosure by law (section 39660(e)).